



State of New Jersey

DEPARTMENT OF HEALTH AND SENIOR SERVICES

OFFICE OF EMERGENCY MEDICAL SERVICES

PO BOX 360

TRENTON, N.J. 08625-0360

www.state.nj.us/health

JAMES E. MCGREEVEY
Governor

CLIFTON R. LACY, M.D.
Commissioner

August 30, 2002

Mr. Rakesh Chitkara
President
Courtesy Medical Transportation
2919 U.S. Highway 9
Howell, NJ 07731-3745

Re: **Notice of Proposed Assessment of Penalty / Mobility
Assistance Vehicle**
Investigation Control #02-B-035

Dear Mr. Chitkara:

The New Jersey Department of Health and Senior Services is vested with the responsibility of carrying out the provisions of the Health Care Facilities Planning Act (N.J.S.A. 26:2H-1, et seq.) which was enacted, in part, to ensure that the health care services rendered to New Jersey's citizens are of the highest possible quality. Consistent with that statutory mandate, and in accordance with §6.4 and §6.6 of the New Jersey Medical Assistance and Health Services Act (N.J.S.A. 30:4D-1 et seq.), this Department has adopted, and is responsible for the enforcement of, regulations with respect to the development of minimum requirements concerning the equipment, supplies and vehicles of providers of mobility assistance vehicle services. Those regulations are set forth in their entirety at N.J.A.C. 8:40-1.1 et seq.

On May 8, 2002, staff of this Department's Office of Emergency Medical Services (OEMS) conducted an unannounced visit to your office at 2919 U.S. Highway 9, Howell, New Jersey. The purpose of the visit was to investigate a complaint concerning the climate control system of vehicle #4 (New Jersey license plate #X40-A33). Specifically, the air conditioner did not cool the vehicle. The vehicle inspection conducted by staff of OEMS revealed that, in fact, the air conditioner was not working properly and unable to cool the vehicle in accordance with N.J.A.C. 8:40-3.12(a).

Pursuant to N.J.S.A. 26:2H-14, the Department may impose a penalty of not more than \$2,500 per day for each day that a licensee is in violation of any of the patient care regulations set forth in Chapter 40.

Therefore, in accordance with N.J.S.A. 26:2H-14, **you are hereby assessed a penalty in the amount of \$250** for the violation noted above.

A certified check or money order in the amount of \$250, made payable to "Treasurer, State of New Jersey," must be submitted within 30 days from the date of this Notice. In

accordance with N.J.S.A. 26:2H-16 and N.J.A.C. 8:40-2.14(f), failure to pay this penalty may result in a summary civil proceeding in the Superior Court of New Jersey pursuant to the Penalty Enforcement Law (N.J.S. 2A:58-1, et seq.), refusal by the Department to issue or renew a license and/or any such other action as authorized by law. Payment should be forwarded to:

New Jersey Department of Health & Senior Services
Office of Emergency Medical Services
P.O. Box 360
Trenton, NJ 08625-0360
Attn: Mr. William Dougan

Pursuant to N.J.S.A. 26:2H-13 and N.J.A.C. 8:40-2.15, you are entitled to a hearing before the Office of Administrative Law to contest this proposed penalty assessment. Your request for a hearing on this matter must be submitted in writing and must be accompanied by a response to the deficiency noted above. In the event that you request a hearing, this penalty shall be held in abeyance until such time as the hearing has been concluded and a final decision has been rendered.

Your request for a hearing must be submitted within 30 days from the date of this Notice and should be forwarded to:

New Jersey Department of Health & Senior Services
Office of Legal & Regulatory Affairs
P.O. Box 360, Room 805
Trenton, NJ 08625-0360
Attn: Mrs. Carole Slimm

Please include the control number noted above (i.e., #02-B-035) on all of your correspondence. **Finally, please note that failure to submit a request for a hearing within 30 days shall render this Notice final, and the entire \$250 shall be immediately due and payable.** If you have any questions concerning this matter, please do not hesitate to contact Mr. William Dougan of my office at (609) 633-7777.

Sincerely,

Susan Way, Director
Office of Emergency Medical Services

c: Mrs. Slimm, L&RA
Ms. Halupke, OEMS
Mr. Carter, OEMS
Mr. Dougan, OEMS
Mr. Tams, OEMS

REGULAR U.S. MAIL AND
CERTIFIED MAIL #7001 0360 0001 9158 8421
RETURN RECEIPT REQUESTED